

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14	1					
15		1				
16		1				
17		1				
18		0				
19		0				
20		0				
21		0	1			
22		0		1		
23				1		
24				1		
25				1		
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
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36			1			
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39				1		
40				1		
41						
42						
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46						
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48						
49						
50						
TOTAL	2		2			
TOTAL						
TOTAL						
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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL						

original claims had 22
the Amdt starts on 21